



CITY OF FARMINGTON
110 West Columbia
Farmington, Missouri 63640
(573) 756-2620
Fax (573) 756-0612

ELECTRONIC FUNDS TRANSFER (EFT) AUTHORIZATION FORM

Please check one: ☐ New EFT Participant ☐ Current Participant with Bank or Utility Account Changes

CITY UTILITIES ACCOUNT INFORMATION

All accounts on this form must be paid from the same bank account. If you would like alternate utility accounts deducted from different accounts, please complete a separate EFT form for each account.

Account #1: Address of Service: _____
Name on Account: _____
Account Number: _____
Daytime Telephone Number: _____

Account #2: Address of Service: _____
Name on Account: _____
Account Number: _____
Daytime Telephone Number: _____

FINANCIAL INSTITUTION ACCOUNT INFORMATION

Owner of Account at Financial Institution: _____
Name of Financial Institution: _____ Branch: _____
Financial Institution Phone Number: _____
Routing Number (9 digits): _____ Account Number: _____
Please check one: ☐ Checking Account ☐ Savings Account

AUTHORIZATION AGREEMENT

I hereby authorize the City of Farmington Electric Light and Water to initiate withdrawals electronically from my Financial Institution indicated above for the payment of my monthly utility bill. I further authorize the bank or financial institution named above to debit such account. I understand the debit will be made on the due date of each monthly bill for the balance amount. This authorization is to remain effective until the City of Farmington or the Financial Institution has received written notification from me of its termination. Notice should be received in time and in such a manner as to afford the City of Farmington or the Financial Institution a reasonable opportunity to act on it. The City of Farmington reserves the right to void this agreement at any time without prior notice. I understand that a return fee will be applied to any returned items.

☐ I have signed up for budget billing. I understand that the amount withdrawn from my account will be based on a budgeted amount that is subject to periodic review and adjustment.

☐ I have not signed up for budget billing. I understand that the amount withdrawn from my account will vary on a monthly basis.

Signature of Account Owner: _____ Date: _____

Address: _____

Phone Number: Day: _____ Evening: _____

**ATTACH THE FOLLOWING TO THIS FORM:
A VOIDED CHECK FOR CHECKING ACCOUNT DEBITS OR
A VOIDED DEPOSIT SLIP FOR SAVINGS ACCOUNT DEBITS.**